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FAX TO: Patent Office, Office of Initial Patent Examination
FACSIMILE NO: 703-872-9306
SUBJECT: CHANGE OF CORRESPONDENCE ADDRESS
OUR REFERENCE: PLEASE SEE ATTACHED TRANSMITTALS FOR CORRESPONDING SERIAL NOS.
FROM: Wendy Saxby for Dale C. Barr
DATE: October 4, 2004

MESSAGE: Please see the attached. Thank you!

Serial No.: 10-720,614/BING-1-1032
Serial No.: 10/324,769/BOEI-1-1112
Serial No.: 10/426,400/BOEI-1-1164
Serial No.: 10/652,538/BOEI-1-1166
Serial No.: 10/286,097/BOEI-1-1087
Serial No.: 10/653,014/BOEI-1-1194
Serial No.: 10/402,508/BOEI-1-1153
Serial No.: 10/404,471/BOEI-1-1154
Serial No.: 10/427,687/BOEI-1-1155
Serial No.: 10/438,137/BOEI-1-1174
Serial No.: 10/653,010/BOEI-1-1175
Serial No.: 10/611,397/BOEI-1-1176
Serial No.: 10/606,067/BOEI-1-1184
Serial No.: 10/611,702/BOEI-1-1182
Serial No.: 10/611,703/BOEI-1-1181
Serial No.: 10/611,757/BOEI-1-1180
Serial No.: 10/721,212/BOEI-1-1179
Serial No.: 10/611,216/BOEI-1-1177

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,212
	Filing Date	November 25, 2003
	First Named Inventor	Turner, Robert W.
	Art Unit	2624
	Examiner Name	Not Assigned Yet
Total Number of Pages in This Submission	Attorney Docket Number	BOEI-1-1179

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Black Lowe & Graham, PLLC	
Signature	<i>Dale C. Barr</i>	
Printed name	Dale C. Barr	
Date	<i>Oct. 4, 2004</i>	Reg. No. 40,498

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature	<i>Wendy Saxby</i>	
Typed or printed name	Wendy Saxby	Date 10/4/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450	Application Number	10/721,212
	Filing Date	25-Nov-2003
	First Named Inventor	Turner, Robert W.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	BOEI-1-1179

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number _____.

Typed or Printed Name	<i>Dee C. Barr</i> Reg. No. 40,498
Signature	<i>Dee C. Barr</i>
Date	<i>April 21, 2004</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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